



Republic of the Philippines  
PROVINCE OF ISABELA

PURCHASE ORDER

Supplier : **Gcmed Pharmaceutical Distributor**  
Address : **Legend Mansion Condominium, 212 San Juan St., Brgy. 37, 1300 Pasay City N**

P.O. No. : **24-02-D0035**  
Date : **February 16, 2024**

Gentlemen:

Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery : **PGSO**      Delivery Term : \_\_\_\_\_ Charge \_\_\_\_\_  
Date of Delivery : **Seven ( 7 ) days after receipt of P.O.**      Payment Term: \_\_\_\_\_ Check \_\_\_\_\_

Item No.	Unit	Quantity	Description		Amount
1	tablet	110	Co-Amoxiclav 624mg	18.88	2,076.80
2	nebule	248	Bacilluss Clausii	60.88	15,098.24
3	vial	3000	Ceftriaxone 1g	257.01	771,030.00
4	tablet	200	Paracetamol + Tramadol 325mg/37.5mg	79.04	15,808.00
5	tube	100	Mupirocin Cream 15g	149.86	14,986.00
6	nebule	2000	Salbutamol 2.5mg/2.5ml	10.88	21,760.00



Total Amount      **Eight Hundred Forty Thousand Seven Hundred Fifty Nine Pesos and 04/100 Only**      Php      **840,759.04**

In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed.

Very truly yours,

Conforme:

Gcmed Pharmaceutical Distributor  
(Signature over printed Name)  
3-14-24  
(Date)

RODOLFO T. ALBANO III  
Governor

In case of negotiated purchase pursuant to Section 369 (a) of RA 7160, this portion must be accomplished).  
Approved per Sanggunian Resolution No.: \_\_\_\_\_

Certified Correct: \_\_\_\_\_ Date: \_\_\_\_\_